



THE MARYLAND HOUSE OF DELEGATES  
ANNAPOLIS, MARYLAND 21401

**HB 109**

**Maryland Department of Health – System for Newborn Screening – Requirements  
Statement in SUPPORT**

Chair Pendergrass, Vice-Chair Pena Melnyk and Members of the Health and Government Operations Committee, thank you for the opportunity to testify today in support of House Bill 109, which will help improve the process by which Maryland screens newborn babies for treatable rare disorders, saving lives and money to our healthcare system in the process.

HB109 will require that newborn screening in Maryland includes screening for each of the conditions listed in the U.S. Department of Health and Human Services' Recommended Uniform Screening Panel (RUSP) within two years of the condition being added to the Panel. With this, we will ensure that all newborns in Maryland receive the most updated, comprehensive medical attention they deserve from the very beginning of their lives.

Currently in Maryland, when babies are born, unless the parents choose to opt-out, they receive the benefit of a newborn screening test as part of the state's universal newborn screening (NBS) program. The Newborn Screen is a special test that is used to test babies for certain serious medical conditions in order to identify babies who have specific disorders before they get sick, helping them to get treatment as soon as possible. It is the very first test administered to all babies born in Maryland and frequently identifies babies who are sick who have no prior family history of rare disorders. It does not test for everything – only 50 conditions including cystic fibrosis, severe immunodeficiency disorders, the presence of abnormal red blood cells or sickle cell disease and more.

Maryland develops its list of disorders screened from the federal Recommended Uniform Screening Panel (RUSP) that is developed by the US Health and Human Services Department. RUSP is a list of disorders that HHS recommends for states to screen as part of their NBS; however each state utilizes its own discretion on what to screen for. As such, some states screen for a majority but not all disorders recommended by RUSP, while others screen for additional disorders. The disorders on RUSP are chosen based on evidence that supports the potential net

benefit of screening, the ability of states to screen for the disorder, and the availability of effective treatments.<sup>1</sup>

Maryland recently added four additional conditions to our state's NBS program including Spinal Muscular Atrophy (SMA), Pompe, Mucopolysaccharidoses Type I and Fabry Disease. These diseases began to be screened for in 2019 and screen for disorders that cause progressive muscle weakness, breathing and heart problems, cell enlargement and dysfunction, and abnormal deposits of lipids in the kidneys, heart and brain. Maryland is also preparing to soon add X-linked Adrenoleukodystrophy (X-ALD or ALD), a condition that primarily impacts the nervous system and adrenal glands.<sup>2</sup> It is unclear when this will occur, however, it is important to note that RUSP has included ALD on its recommendations for 8 years.<sup>3</sup> However, only five states actively test their newborns for this disease.<sup>4</sup> Given that one in every 21,000 males born is at risk for ALD and about half of female babies born with the condition may develop symptoms, early adoption of this disorder as part of the NBS panel is critical and could save countless babies' lives.

Through early detection and treatment, many of these conditions can be treated early and prevent future healthcare expenses, as well as unnecessary trauma to babies and their families. For example, treating patients with Phenylketonuria costs between \$1-2 billion annually in the United States, while the annual costs of screening and treating Phenylketonuria from birth is around \$342 million.<sup>5</sup> Furthermore, treating an infant with Severe Combined Immunodeficiency (SCID) can cost Medicaid as much as \$2 million if not diagnosed at birth. However, if diagnosed at birth, SCID can be cured with a bone marrow transplant costing around \$100,000.<sup>6</sup>

**I respectfully request a favorable report on HB109. Thank you.**

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<sup>1</sup> Health Resources & Services Administration, Federal Advisory Committees, Recommended Uniform Screening Panel: <https://www.hrsa.gov/advisory-committees/heritable-disorders/rusp/index.html>

<sup>2</sup> Maryland Department of Health, Genetics, Newborn Metabolic Screening: [https://health.maryland.gov/phpa/genetics/Pages/NBS\\_Program.aspx](https://health.maryland.gov/phpa/genetics/Pages/NBS_Program.aspx)

<sup>3</sup> HRSA, Executive Summary, X-linked Adrenoleukodystrophy: <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/heritable-disorders/rusp/previous-nominations/x-ald-exsum.pdf>

<sup>4</sup> Per ALDConnect, only California, New York, Connecticut, Pennsylvania, and Minnesota currently test for ALD: <https://aldconnect.org/recommended-uniform-screening-panel-rusp/>

<sup>5</sup> March of Dimes, Issue Brief, "Newborn Screening Saves Lives and Money": <https://www.marchofdimes.org/materials/Issue-Brief-newborn-screening-november-2014.pdf>

<sup>6</sup> March of Dimes, Issue Brief, Newborn Screening: <https://www.marchofdimes.org/materials/20201105%20Newborn%20Screening%20101.pdf>